

MEDICARE/MEDICAID DUAL ELIGIBLES

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Medicaid serves as an important complement to Medicare by assisting low-income Medicare beneficiaries with Medicare's financial requirements and, for those who qualify for the full range of Medicaid benefits, by providing coverage for prescription drugs, long-term care and other services not available through Medicare.

The information below describes the various categories of individuals who collectively are known as "Dual Eligibles", the term used for those individuals who are entitled to at least hospital insurance under Medicare Part A and some category of Medicaid benefits. Medicare provides certain benefits to people age 65 and over, disabled workers and certain other people with end-stage renal disease. Medicare covers many health services, but it does not cover most nursing home care or other long-term care services or most outpatient prescription drugs. In fact, Medicare covers only about half the health care expenses of older Americans. The other half is paid out of pocket by beneficiaries, by supplemental private insurance, by Medicaid and by other public payers.

Category	Description	Federal Financial Participation	Medicaid Pays:			
			Medicare Part A Premium	Medicare Part B Premium	Medicare Co-insurance and Deductibles	Full Medicaid Benefits
Qualified Medicare Beneficiaries (QMBs)	Individuals entitled to Part A of Medicare, with income not exceeding 100% of the federal poverty level, and countable resources not exceeding twice the SSI limit. There are two types of QMBs: QMBs without other Medicaid and QMBs with Medicaid.					
	QMBs without Medicaid (QMB Only): Individuals entitled to Part A of Medicare, with income not exceeding 100% of the federal poverty level, and resources not exceeding twice the SSI limit. Eligibility for Medicaid is limited to payment of Medicare Part A (hospital insurance) and Part B (supplementary medical insurance) premiums and Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.	Same as Federal Medical Assistance Percentage (FMAP)	Full payment	Full payment	Covered to the extent the Medicaid rate exceeds any Medicare payment for a service covered by both programs.	Not Covered
	QMBs with Medicaid (QMB Plus): Same as QMB Only but eligible for full Medicaid benefits for Medicaid services provided by Medicaid providers.	Same as FMAP	Full payment	Full payment	Same as above.	Covered

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Category	Description	Federal Financial Participation	Medicaid Pays:			
			Medicare Part A Premium	Medicare Part B Premium	Medicare Co-insurance and Deductibles	Full Medicaid Benefits
Special Low-Income Medicare Beneficiaries (SLMBs)	Individuals entitled to Part A of Medicare, with income above 100% but not exceeding 120% of the federal poverty level, and resources not exceeding twice the SSI limit. Eligibility for Medicaid benefits is limited to payment of Medicare Part B premiums.	Same as FMAP	No payment	Full payment	Not covered	Not Covered
Qualified Disabled and Working Individuals (QDWIs)	Individuals entitled to purchase Part A of Medicare (Medicare benefits lost because of return to work) with income below 200% of the federal poverty level, and resources not exceeding twice the SSI limit, and not otherwise eligible for Medicaid. Eligibility for Medicaid benefits is limited to payment of Medicare Part A premiums.	Same as FMAP	Full payment	No payment	Not covered	Not Covered
Qualifying Individuals (QI1s)	Effective 1/1/98 – 12/31/02. Individuals entitled to Part A of Medicare, with income above 120% but less than 135% of the Federal poverty level, resources not exceeding twice the SSI limit, and not otherwise eligible for Medicaid. Eligibility for Medicaid benefits is limited to full payment of Medicare Part B premiums.	FFP equals 100% but is annually capped. Entitlement of individuals is limited by the availability of the capped allocation.	No payment	Full payment	Not covered	Not Covered
Qualifying Individuals (QI2s)	Effective 1/1/98 – 3/31/04. Individuals entitled to Part A of Medicare, with income at least 135% but not exceeding 175% of the Federal poverty level, resources not exceeding twice the SSI limit, and not otherwise eligible for Medicaid. Eligibility for Medicaid benefits is limited to partial payment of Medicare Part B premiums.	FFP equals 100% but is annually capped. Entitlement of individuals is limited by the availability of the capped allocation.	No payment	Partial payment	Not covered	Not Covered

Average Monthly Number of Dual Eligibles as a Percent of Virginia Medicaid Enrollment

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Average Number of Part A Premiums Paid	162	276	336	519	728	2,512	2,585	2,654	2,862	2,778
Average Number of Part B Premiums Paid	69,941	76,150	82,436	90,073	96,394	102,334	103,087	105,770	105,733	106,743
Average Number of Individuals Enrolled in Medicaid	290,937	341,398	407,023	461,869	506,047	531,869	535,508	530,571	505,812	492,580
Percent Total Enrollment that is Dually Eligible	24.1%	22.4%	20.3%	19.6%	19.2%	19.7%	19.7%	20.4%	21.5%	22.2%

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Average Number of Part A Premiums Paid	2,916	2,913	3,062	3,157						
Average Number of Part B Premiums Paid	108,629	110,112	111,402	114,794						
Average Number of Individuals Enrolled in Medicaid	490,445	479,198	491,216	521,992						
Percent Total Enrollment that is Dually Eligible	22.7%	23.6%	23.4%	22.6%						

Source: Medicare premium invoices; Average monthly enrollment data from MME 370 series.